

Case Number:	CM14-0014357		
Date Assigned:	02/26/2014	Date of Injury:	01/09/2013
Decision Date:	06/26/2014	UR Denial Date:	01/25/2014
Priority:	Standard	Application Received:	02/04/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

55 year old male with reported industrial injury 1/9/13 with right shoulder injury. Claimant status post right shoulder subscapularis repair and subpectoral biceps tenodesis and distal clavicle resection and subacromial decompression on 6/4/13. Status post 32 visits of postoperative physical therapy. Exam note 11/20/13 demonstrates 150 degrees of forward flexion and internal rotation to T2 with distress. 1/15/14 exam noted demonstrates report of persistent pain with overhead activities.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

PHYSICAL THERAPY FOR THE RIGHT SHOULDER, EIGHT VISITS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: 9792.24.3. POSTSURGICAL TREATMENT GUIDELINES, SPRAINED SHOULDER; ROTATOR CUFF: POSTSURGICAL TREATMENT (RC REPAIR/ACROMIOPLASTY).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: Per the CA MTUS Post-Surgical Treatment Guidelines, Shoulder, page 26-27 the recommended amount of postsurgical treatment visits allowable are: Rotator cuff

syndrome/Impingement syndrome (ICD9 726.1; 726.12): Postsurgical treatment, arthroscopic: 24 visits over 14 weeks *Postsurgical physical medicine treatment period: 6 months Postsurgical treatment, open: 30 visits over 18 weeks *Postsurgical physical medicine treatment period: 6 months In this case the claimant has exceeded the maximum amount of visits allowed. There is insufficient evidence in the medical records from 11/20/13 or 1/15/14 demonstrating functional improvement. In addition there is no reason why a home based program cannot be performed. Therefore the request for eight (8) physical therapy visits for the right shoulder is not medically necessary and appropriate.